

Collection Point: Entry

Projects/grants: HUD - VASH

Clients who are: Children (Under 18)

“\*” Required Fields

## 1 Client Demographics

First Name:\*

Last Name:\*

Middle Name:

Suffix:

HoH: \*

### Name Data Quality:\*

- ☐ Full Name Reported
- ☐ Partial, or Street Name
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

### Social Security Number:\*

- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

### Birthdate:\*

- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

### Gender:\*

- ☐ Male ☐ Female
- ☐ Transgender Female to Male
- ☐ Transgender Male to Female
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

### Race:\*(Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

### Ethnicity:\*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

### If Female, Pregnancy Status:\*

- ☐ Yes Due Date: \_\_\_\_\_
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

### Relationship to Head of Household:\*

- ☐ Self
- ☐ Spouse
- ☐ Daughter
- ☐ Son
- ☐ Dependent Child
- ☐ Other Family Member
- ☐ Other Non-Family Member

## 2 Project Enrollment

Project Start Date:\*

Case Manager:

## 3 Entry Assessment

### Disabling Condition:\*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

## 4 Health Insurance:\*

Covered by Health Insurance: \*

☐ Yes

☐ No

☐ Client Doesn't Know

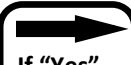
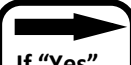
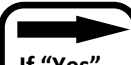
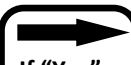
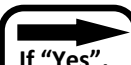
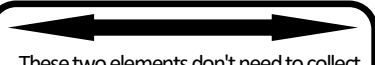
☐ Client Refused

☐ Data Not Collected

### If client has Health Insurance, check all that apply below:

- ☐ Private
- ☐ Private - Employer
- ☐ Private - Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ Health insurance obtained through COBRA
- ☐ State Children's Health Insurance Program S-CHIP
- ☐ Military Insurance
- ☐ State Funded
- ☐ Combined Children's Health Insurance/Medicaid Program
- ☐ Indian Health Service (IHS)
- ☐ Other Public

Identify whether a client has each individual barrier or not.  
Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

<b>Alcohol Abuse*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 If "Yes", answer this:	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Chronic Health Condition*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 If "Yes", answer this:	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Drug Abuse*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 If "Yes", answer this:	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Mental Health*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 If "Yes", answer this:	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Physical Disability*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 If "Yes", answer this:	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Developmental Disability*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	 These two elements don't need to collect "Substantially impedes the individual's ability to live independently."	<b>HIV/AIDS*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected